

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Mental Health Services**

**Guidance for Applicants (GFA) No. SM 01-007
Part I - Programmatic Guidance**

**Targeted Capacity Expansion Cooperative Agreements to Meet Emerging
and Urgent Mental Health Services Needs of Communities**

Short Title: Build Mentally Healthy Communities

Application Due Date: May 21, 2001

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Agency

The Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

Action and Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of Fiscal Year 2001 funds for developing service capacity for persons with priority mental health needs. Cooperative agreements are made pursuant to CMHS' new "Targeted Capacity Expansion" (TCE) program. The program title is *Build Mentally Healthy Communities*.

The purpose of this initiative is to increase the capacity of cities, counties, and tribal governments to provide prevention and treatment services to meet emerging and urgent mental health needs of communities. The program will help communities to build the service system infrastructure necessary to address serious local or regional mental health problems through prevention and treatment interventions having a strong evidence base.

It is estimated that \$14 million will be available to support approximately 35 awards under this GFA in FY 2001.

C \$5 million will be dedicated to prevention and early intervention targeted to children and adolescents (**Group I awards**).

C \$9 million will be for local service expansion (**Group II awards**) including:

- < \$6.5 million for expansion of services to priority populations in non-mental health settings (**Group IIA awards**).
 - < \$2.5 million for programs targeting reductions in racial/ethnic disparities in mental health or access to mental health services (**Group IIB awards**).
- However, all applicants are encouraged to be attentive to the needs of racial/ethnic minorities.

The average award is expected to be approximately \$400,000 in total costs (direct plus indirect), with ten percent of the total award to be used to evaluate the program. Actual funding levels will depend upon the availability of funds.

Support may be requested for a period of up to three years (in three budget periods of one year each). Annual awards will be made subject to continued availability of funds and progress achieved by awardees.

Program Overview

The structure of the *Build Mentally Healthy Communities* initiative is shown in the attached program logic model (Appendix I). The two overall goals of the program are:

1. To develop mental health prevention and early intervention services targeted to infants, toddlers, pre-school and school-aged children and adolescents in both mental health and non-mental health settings (**Group I**).

2. To improve mental health services delivery in non-mental health settings, such as primary healthcare sites in the following two specific areas (**Group II**):

< Expansion of mental health services in non-mental health settings to designated priority populations (**Group IIA**):

- R homeless adults and families
- R persons with co-occurring disorders
- R adults in the criminal justice system/jail diversion
- R youth in the juvenile justice system

< Reduction of disparities in access to mental health services in non-mental health settings among racial/ethnic minorities (**Group IIB**).

Under the *Build Mentally Healthy Communities* program, two categories of awards will be made that reflect specific allocations of funds:

C Group I - Prevention and Early Intervention Aimed at Infants, Toddlers, Preschool and School-aged Children and Adolescents Cooperative Agreements Awards .

C Group II - Local Services Expansion Cooperative Agreements Awards .
Group II Grants include two subcategories of awards:

< **Group IIA** grants will be awarded to programs targeted to priority populations (homeless adults and families, persons with co-occurring disorders, adults in the criminal justice

system, and youth in the juvenile justice system), and

< **Group IIB** grants will be awarded to programs for reducing racial/ethnic disparities in access and treatment. However, applicants are encouraged to be attentive to the needs of racial/ethnic minorities in all award categories.

Applicants must indicate in Item Number 10 on the face page of the PHS 5161 application form whether they are applying for *Group I: prevention and early intervention awards, Group IIA: service expansion to priority populations awards, or Group IIB: reductions in racial/ethnic disparities awards* (e.g., “GFA No. SM 01-007 Build Mentally Healthy Communities - Group IIA”). Applicants may address overlapping issues and/or priority populations (e.g., homeless adults with co-occurring disorders or reduction of racial disparities in access to jail diversion programs), but ***can apply under only one Group of grants as described above.***

Under this initiative, applicants must:

C Provide a letter of support documenting State concurrence with the plans outlined in the applications (attach as Appendix 1).

C Propose prevention and early intervention strategies or mental health service models having a strong evidence base (see Appendix II for examples).

C Propose viable plans to be executed during the award period for ensuring sustainability of the TCE programs after cessation of grant funding.

C Include consumers and family members in

planning and implementing programs (see Appendix III for guidelines).

- C Evaluate the implementation of the program and assess the outcomes of the prevention and/or intervention strategies.
- C Propose plans for disseminating the findings of the program through publications, presentations at conferences, collaboration with other sites, and other efforts to make the findings available to the field.
- C Provide mental health treatment services in non-mental health settings (**Group II awards only**).
- C Participate in post-award technical assistance activities (if funded).

Organization of the Announcement

This announcement is divided into several sections. The first part of the announcement provides an overview of the program. The next three sections provide specific instructions for applications for Group I, Group IIA, and Group IIB awards. Applicants should carefully review the instructions for the appropriate section in order to satisfy requirements unique to that group of awards. The final section provides information applying to all applications.

Who Can Apply?

Eligibility to apply for *Build Mentally*

***Healthy Communities* awards will be limited to cities, counties, and tribal governments and their agencies.** Eligibility is restricted to local government in order to add needed mental health services at the local level. The following are examples of units of local government who may apply:

- < local Departments of Mental Health, Substance Abuse, Public Health and the like.
- < local Departments of Corrections, Police, Juvenile Justice, and the like.
- < local Departments of Education.
- < local mayors.

In developing their programs, the above governmental units are strongly encouraged to partner with appropriate community-based organizations, including:

- < community-based health, mental health, and social organizations.
- < public or private universities.
- < faith-based service organizations.
- < consumer and family groups.
- < parents' and teachers' organizations.
- < service organizations serving racial/ethnic minorities.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' **1. FACE PAGE**

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

Your total abstract may not be longer than 35 lines.

In the **first five lines or fewer** of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

' **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application **and** for each appendix.

' **4. BUDGET FORM**

Use standard Form 424A. See Appendix B in Part II for instructions.

' **5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION**

These sections describe your project. The Project Narrative is made up of Sections A through E. **More detailed information of A-E follows #10 of this checklist.** Sections A-E may not be longer than 30 pages.

G Section A - Rationale for the Project

G Section B - Implementation Plan

G Section C - Evaluation Plan, Data

Collection, and Analysis

G Section D - Dissemination Plan

G Section E - Project Management and Staffing Plan

The support documentation for your application is made up of sections F through

I. There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

G Section F- Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

G Section G - Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

G Section H- Biographical Sketches and Job Descriptions

S Include a biographical sketch for the Project Director/principal Investigator, Evaluator, Project Coordinator, Data Coordinator, Interviewers and other key positions. Each sketch should not be longer than **2 pages**. If the person has

not been hired, include a letter of commitment with the sketch.

S Include job descriptions for key personnel. They should not be longer than **one page**.

S *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

G **Section I-** Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the *Project Narrative Sections A - E Highlighted* section of this document.

6. APPENDICES 1 THROUGH 4

S Use only the appendices listed below.

S **Don't** use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider them if you do).

S **Don't** use more than **35 pages** (plus all instruments) for the appendices.

Appendix 1: Letter Documenting State Concurrence with the Proposed Plan

Appendix 2: References for the Evidence-Based Programs to be Utilized

Appendix 3: Logic Model for the proposed *Build Mentally Healthy Communities* Program

Appendix 4: Letters Documenting Collaborative Commitments (including Memoranda of Understanding, interagency agreements, in-kind contributions, commitments from consultants, etc.)

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Group I: Prevention and Early Intervention Awards

The goal of the *Build Mentally Healthy Communities* initiative is to develop mental health prevention and early intervention services targeted to infants, toddlers, pre-school and school-aged children and adolescents in both mental health and non-mental health settings. Many experts recognize that children and families are suffering because of missed opportunities for prevention and early intervention. Fostering social and emotional health for infants, toddlers, preschool, school-age children and youth requires investment in prevention of mental illnesses and early intervention strategies. The number of tested preventive mental health interventions is low, and many disorders have not been addressed by the mental health prevention research community. However, there is a growing consensus that prevention of some mental and behavioral disorders does work as scientific methodologies in prevention have become increasingly sophisticated, with results from high-quality research trials being as credible as those in other areas of biomedical and psychosocial science.

For this target population, this initiative is designed to (1) **expand the capacity** to implement evidence-based prevention programs and services that promote mental health, prevent mental and behavioral disorders and intervene early in a population with a diagnosable disorder. Included in this goal is the establishment of appropriate training for service providers so they develop an

understanding of basic concepts related to preventive and early intervention strategies in a public health framework and issues related to the implementation of evidence-based practices (e.g. the need for on-going supervision or consultation from prevention intervention experts) (see Appendix II for examples).

(2) build **linkages** between individuals and groups which serve the targeted population (e.g., mental health providers who specialize in early childhood mental health connecting with pre-school day care providers). The purpose of these linkages is to provide integrated developmentally appropriate services throughout childhood and adolescence in multiple domains. Building linkages among service providers and others who work with this population, such as community mental health professionals and educators, will promote changing the environments of institutions and small social groups to foster mental health.

(3) encourage the grantee to undertake **community outreach** to communicate to the larger community the importance of mental health and the capacity of well-executed preventive interventions to foster the healthy development of all children. Included in this community outreach is the goal of engaging the target population in the development and implementation of preventive and early intervention services.

Prevention refers to those interventions that occur before the initial onset of a mental disorder including the prevention of a co-occurring disorder and delaying the onset for an approximate time period. Early intervention refers to interventions that are targeted for individuals who for the first time display the early signs and symptoms of a mental disorder. For the purposes of this initiative, the target

population is defined as infants, toddlers, preschool and school-aged children and adolescents from the prenatal stage to 18 years old (see Appendix IV for these and other relevant definitions).

Where to Get Help

For questions on Group I program issues, contact:

Gail F. Ritchie, M.S.W.
Special Programs Development Branch
Division of Program Development, Special Populations, and Projects
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17C-05
Rockville, MD 20857
(301) 443-1752
E-Mail: gritchie@samhsa.gov

Project Narrative— Sections A Through E Highlighted

Your application for Group I awards consists of responding to sections A through I. **Sections A through E, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

T Sections A through E may not be longer than **30** pages.

T A peer review committee will assign a point value to your application based on how well you address these sections.

T The number of points after each main heading shows the maximum points a review committee may assign to that category.

T Reviewers will also be looking for plans to address cultural competence.

Section A: Rationale for the Project (20 Points)

In this section, applicants should document the need for a TCE grant and justify their choice of priority populations by providing adequate information on the following:

- Indicate the specific age group to be addressed in the targeted population for this section (e.g., infants, pre-school children aged 3 to 4 years old).
- Demonstrate the need for the proposed program, including:
 - < documentation of emerging and urgent needs.
 - < service system gaps.
 - < barriers to serving the target population.
 - < needs for prevention and/or early intervention services.
- C** Describe the target population(s) in terms of:
 - < sociodemographic characteristics including racial/ethnic minority composition.
 - < population size and geographic distribution.
 - < number to be served by the program.

- < estimated unmet need.
 - < risk factors for this age group that will be addressed by the preventive intervention or the mental or emotional disorder addressed by the early intervention strategy.
 - < the domain(s) where the risk factors will be addressed (e.g., aggressive behavior in the classroom or home).
- C Indicate the likely impact of the proposed program on the existing services environment, including beneficial outcomes at both the individual and the system level and potential adverse consequences of not implementing the proposed program.
- C Provide the evidence base for the program proposed including relevant literature citations and appropriateness for the target population (attach references as Appendix 2).

Note: See Appendix II for examples of programs to prevent mental and behavioral disorders. Other programs, e.g., violence or substance abuse prevention programs, *may* also be *de facto* mental health promotion or prevention programs. However, if an applicant decides to use a program that is *not specifically designed* to prevent mental and behavioral disorders, he/she must justify its use by providing evidence that it will in fact prevent mental and behavioral disorders.

Section B: Implementation Plan (30 Points)

Applicants should demonstrate the viability of their proposed program and the adequacy of

their implementation plans by providing the following:

- C Describe the overall program and provide a logic model or flow chart for program activities (attach as Appendix 3).
- C Discuss how the program will address the overall goals of the *Build Mentally Healthy Communities* program listed under Program Objectives.
- C Describe the intervention(s) that will be implemented.
- C Provide a timeline for implementation.
- C Describe how the target population will be identified including:
 - < eligibility criteria.
 - < screening and assessment.
 - < outreach.
 - < procedures for obtaining informed consent where applicable.
- C Describe the strategic planning process necessary to develop the proposed program, including:
 - < identification of key stakeholders.
 - < assessment of community resources and needs.
 - < development of fiscal responsibility and planning.
 - < strategies to address the need for *pre-planning* in (1) consensus building among implementors and others whose agreement will foster the adoption of preventive interventions in the *specific setting* (e.g., school principals, directors

- of day care programs), and (2) for engaging quality training from persons experienced in implementing the intervention.
- C Describe plans for ensuring cultural appropriateness of the program, including the participation of consumers in the planning and implementation activities of the program (see Appendix III).
- C Describe how stakeholders will be included in designing the implementation.
- C Describe in detail the targeted local service expansion activities, such as:
 - < outreach and engagement of target population for prevention and early intervention.
 - < screening and assessment.
 - < integration/linkage with primary healthcare if applicable.
 - < Training and on-going technical assistance by prevention and early intervention experts.
- C Describe service linking activities, such as:
 - < strategic planning.
 - < identification of planning and service partnerships and development of coalitions.
 - < cross-training.
 - < if appropriate, co-location of services including how a “no wrong door” policy will be effected.
 - < creating novel funding mechanisms, such as new payment streams, pooled or joint funding, flexible funding, and special waivers.
- < development of inter-agency agreements and memoranda of understanding.
- < development of interagency management systems and client tracking when appropriate.
- < development of uniform applications, eligibility criteria, and intake assessments.
- < development of interagency , or inter-professional service delivery teams (e.g., mental health and school teachers collaboration.)
- C Describe community outreach activities, including:
 - < plans to increase community awareness of the needs for the program and the availability of new services.
 - < plans to ensure that services are accessible to the target population.
 - < public education programs to gain community acceptance of the program.
 - < strategies for engaging stakeholders and developing coalitions.
 - < social marketing campaigns as appropriate.
 - < strategies for outreach and engagement of the target population.
- C Proposed programs for **prevention and early intervention** targeting infants, toddlers, pre-school, and school-aged children and adolescents **must** address:
 - < risk and/or protective factors specific to the target population.
 - < *malleable* risk and/or protective factors.
 - < targeted domains (individual child, family, peers, schools, community, and society).
 - < strategies for promoting fidelity to the evidence-based intervention such as (1)

partnership with or formal training from the designer of the intervention or one trained by the designer, (2) use of an available manual, and (3) ongoing consultation during the implementation of the intervention.

- < strategies for consultation to address on-going implementation problems or concerns.
 - < measures of quality of implementation including fidelity.
 - < outcome measures.
- C Provide a plan for continuing the program activities after cessation of grant funding of the program.

Section C: Evaluation Plan, Data Collection, and Analysis (15 points)

In this section, applicants should provide a plan for conducting a process evaluation of the implementation of their proposed programs and measuring client and systems level outcomes using data such as services use and GPRA core client outcome measures (see Appendix V), including the following:

- C Summarize the plan for evaluating the proposed program.
- C Provide specific evaluation questions to be examined and hypotheses to be tested if appropriate.
- C Document the strategic planning process.
- C Discuss how service data and CMHS GPRA core client outcomes (Appendix V) will be used to measure program outcomes.

Examples of service data can include:

- < services provided.
- < clients served.
- < who provided services.
- < where services were provided.
- < plans to measure outcomes in the future (e.g., longitudinal data).

- C Describe the data collection plan, including:
 - < sources of data.
 - < data management and quality control.
 - < training of records reviewers, as appropriate.
- C Describe the analytic methods to be used.
- C Indicate whether and/or how qualitative methods will be used.
- C Describe plans for monitoring and ensuring the fidelity of the implementation of the intervention.
- C Discuss how the target population and their families will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.
- C Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served.
- C Describe plans to assess consumer satisfaction with services, e.g., anonymous survey and peer group discussions.

Section D: Dissemination Plan (15 Points)

Applicants should discuss their plans to disseminate the findings of their process and outcome evaluations of their proposed programs, including:

- C Describe plans to provide feedback to community stakeholders and constituencies on the process and outcomes of the implementation of the program in a manner targeted to each constituency.
- C Describe plans for preparing interim and final reports, conference presentations, publications, and other means of disseminating the program findings.
- C Describe plans for collaborating with other sites with similar target populations or issues.
- C Describe how representatives of the target population and their families will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.
- C Describe plans to disseminate findings to the appropriate source which could be financial partners in future years.

Section E: Project Management and Staffing Plan (20 Points)

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans by providing the following:

- C Describe the qualifications and experience of the key personnel, including:
 - < project director.
 - < service providers.
 - < evaluator.
 - < analytic and data management staff.
 - < interviewers.
 - < other key personnel.
- C Document the capability and experience of the applicant organization with similar projects and populations. Include a description of the project director's and key service providers' experience with preventive interventions/early intervention strategies, interest in implementing preventive intervention/early intervention strategies if originating such programs, and willingness/experience in using expert consultation and training in implementing an evidence-based practice.
- C Provide evidence of the capability, experience, and commitment of proposed consultants (e.g., prevention intervention research experts) and subcontractors, including letters of commitment (attach as Appendix 4).
- C Discuss how professional staff and target population and/or family representatives will be recruited and trained as well as what strategies have been developed for retaining staff in programs. Describe in-service training for staff and consumer development.

- C Assign responsibility for specific tasks described in the evaluation plan to identified staff.

- C Demonstrate the feasibility of accomplishing the project in terms of:
 - < management plan.
 - < time frames.
 - < complementariness of skills in project staff.
 - < adequacy and availability of resources (e.g., staffing, and collaborating agencies, facilities, equipment).

- C Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project.

- C Demonstrate that the staff is reflective of or sensitive to the diversity of the target population; sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served, including issues such as:
 - < proficiency of staff at all levels of the organization in the languages and cultures of the target population.
 - < provision of cultural competence training specific to the target community.
 - < availability of interpreters and translators trained in mental health prevention/treatment issues and terminology.

Group II: Local Service Expansion Awards

Applicants must build service capacity using each of the three activity areas known to yield sustainable results. These capacity building activity areas are:

- C **expansion of local services** through implementation of evidence-based mental health treatment capacity within non-mental health service systems. Activities to be funded include direct services provision, training and cross-training for staff, and sustainability planning.
- C **service linking** to build service networks to assure assessment and treatment within the target service systems or via linkages to specialty mental health services. An important activity to be supported will be developing partnerships and coalitions to ensure higher degrees of services integration.
- C **community outreach** to ensure that services are accessible to the target population and the community accepts use of the services as beneficial. Important activities to be funded include fostering cultural competence among programs and dissemination of program findings.

Specific priority populations to be addressed and the capacity-building strategies to be utilized within each of the above specified activity areas will be determined by applicants.

Group IIA: Service Expansion to Priority Populations Awards

The goal of the *Build Mentally Healthy Communities* initiative is to improve mental health services delivery for groups with unmet or emerging and urgent needs for mental health services. The following lists the four populations designated as priorities for this Group IIA initiative and provides examples of activities to be supported by the *Build Mentally Healthy Communities* program (see Appendix IV for definitions of priority populations and other pertinent terms):

1. **Homeless adults and families.** People with mental illnesses who are homeless tend to remain homeless for longer periods of time, have poorer physical health, have greater difficulties in obtaining income maintenance and health insurance, and are more difficult to engage in treatment than other homeless persons. The complexity of their needs for a large array of treatment and supportive services coupled with barriers to use of conventional mental health services makes provision of mental health services in non-mental health settings particularly effective for people who are homeless. Applicants are encouraged to address subgroups of people who have mental illnesses and are homeless whose needs are particularly urgent, including persons with co-occurring substance use disorders, persons who are incarcerated or whose criminal histories present barriers to their receiving services needed for achieving independent living, mothers with children, persons in rural or other underserved areas, racial and ethnic minorities, and trauma

survivors.

For this target population, this initiative is designed to achieve the following: (1) using evidence-based practices, expand mental health assessment, treatment, and other needed supportive services in settings the target population is most likely to utilize; (2) encourage collaborations between the mental health system and organizations providing services affecting the target population, including health care, substance abuse treatment, housing, employment, legal, and an array of supportive services; and (3) develop outreach to consumers and community stakeholders to reduce stigma and increase public awareness of the needs of the target population.

2. **Persons with co-occurring serious mental illness and substance abuse disorders.** Co-occurring disorders are generally serious and difficult to treat. Individuals with dual diagnoses often have associated problems including unemployment, homelessness, medical problems (including HIV/AIDS), and criminal justice involvement. Although they need specialized services, they often are shunted among various service settings, or denied categorical services because of their co-occurring disorders.

For this target population, this initiative is designed to achieve the following: (1) support **services capacity** development for the implementation of evidence-based interventions that have been shown to be effective with individuals with co-occurring disorders; (2) **develop linkages** that foster increased collaboration, cross-

training, and treatment/services integration between mental health and the substance abuse treatment systems; and (3) allow for **community outreach initiatives** to engage individuals with psychiatric and substance use disorders and link with families and community stakeholders with an interest in co-occurring disorders.

3. **Adults in the criminal justice system and/or in jail diversion programs.** The need to link people with mental illness who have come into contact with the criminal justice system for non-violent offenses (often committed when an individual's untreated mental illness has worsened and led to these offenses) to appropriate community-based treatment services in lieu of incarceration has been established over the last decade as a viable means of meeting both mental health and criminal justice system goals for public safety and individual rehabilitation. Many of these individuals present related disorders (such as co-occurring substance abuse and health problems) and additional social service needs, such as housing, employment preparation, training and child care. The role of early experiences of sexual and physical abuse in the lives of these individuals, especially prevalent in women, has also become a priority for services interventions. A focus on building diversion programs to community-based treatment has been a priority endeavor.

For this target population, this initiative is designed to achieve the following: (1) support **service capacity expansion** to persons with mental illness in the criminal justice system through implementation of evidence-based models of care including, but not limited to, jail diversion programs; (2) develop

partnerships and coalitions that support community-based services **linkages** for diversion from the criminal justice system at various points of contact that build on community strengths, including existing services and capacities for between agency coordination; and (3) develop programs for **community outreach** that are gender specific and culturally and ethnically appropriate, linking parents to children, trauma-related services, and the integration of family members and consumers into each phase of program planning and implementation.

In designing programs for this target group, effective planning/oversight groups must include representatives from the appropriate sectors of the criminal justice system as well as the appropriate representatives of the range of community-based services needed to support diversion to a community-based treatment system.

4. **Youth in the juvenile justice system with emotional or psychological problems and/or behavioral disorders.** Children and adolescents with mental health problems that have not been adequately addressed, particularly those with untreated disruptive behavioral disorders, may engage in activity which brings them into the legal system. These same youth have other risk factors, including abuse; neglect; low socioeconomic status; poor school performance; substance abuse; chronic health problems; family conflict; and caregiver substance abuse, incarceration, or mental illness. Juvenile justice facilities are often ill-equipped to meet their needs, and without proper supports, these children

may progress into the adult criminal justice system.

For this target population, this initiative is designed to achieve the following: (1) support **expansion of service capacity** for the implementation of evidence-based interventions that are designed to build upon the strengths of these juveniles as a means of both enhancing youth functioning and decreasing recidivism; (2) develop **linkages** and increased collaboration between juvenile justice, mental health, and other child and family serving entities, including healthcare; and (3) allow for **outreach** to families and community stakeholders with an interest in these children. Interventions for high-risk youth that are the most effective are those that address multiple domains of the child's life, and special consideration will thus be given to those applications that propose strategies that can have a positive effect at both the individual and environmental levels.

For this initiative, applicants for juvenile justice projects can target youth with emotional or psychological problems, and/or behavioral disorders, at any of the following points of juvenile justice system involvement:

- < diversion for post-arrest, pre-adjudicated juveniles or for status offenders.
- < post-adjudicated, not seriously violent youth diverted to the community in lieu of facility placement.
- < juveniles currently placed in non-psychiatric settings.
- < youth on probation.
- < youth released from placement who are under aftercare supervision.

- < youth in transition from the juvenile justice system into independent living or supported living settings.

Where to Get Help

For questions on Group IIA program issues, contact:

Homeless adults and families:

Pamela J. Fischer, Ph.D.
Homeless Programs Branch
Division of Knowledge Development and Systems Change
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 11C-05
Rockville, MD 20857
(301) 443-4569
E-Mail: pfischer@samhsa.gov

Persons with co-occurring disorders:

Lawrence D. Rickards, Ph.D.
Homeless Programs Branch
Division of Knowledge Development and Systems Change
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 11C-05
Rockville, MD 20857
(301) 443-3707
E-Mail: lrickard@samhsa.gov

Adults in the criminal justice system:

Susan E. Salasin

Community Support Branch
Division of Knowledge Development and Systems Change
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 11C-26
Rockville, MD 20857
(301) 443-3653
E-Mail: ssalasin@samhsa.gov

Youth in the juvenile justice system:

Pat Shea, M.S.W., M.A.
Special Programs Development Branch
Division of Program Development, Special Populations, and Projects
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17C-05
Rockville, MD 20857
(301) 443-3655
E-Mail: pshea@samhsa.gov

Project Narrative— Sections A Through E Highlighted

Your application for Group IIA awards consists of responding to sections A through I. **Sections A through E, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

T Sections A through E may not be longer than **30** pages.

- T A peer review committee will assign a point value to your application based on how well you address these sections.
- T The number of points after each main heading shows the maximum points a review committee may assign to that category.
- T Reviewers will also be looking for plans to address cultural competence.

Section A: Rationale for the Project (20 points)

In this section, applicants should document the need for a TCE grant and justify their choice of priority populations by providing adequate information on the following:

- Demonstrate the need for the proposed program, including documentation of:
 - < emerging and urgent needs.
 - < service system gaps.
 - < barriers to serving the target population.
- C Describe the target population(s) in terms of:
 - < sociodemographic characteristics including racial/ethnic minority composition.
 - < population size and geographic distribution.
 - < number to be served by the program.
 - < estimated unmet need.
- C If more than one priority population is selected as the target of the proposed

program, e.g., expanding services for homeless persons with co-occurring disorders or prevention of mental illness among youths in juvenile detention facilities, describe how the priority populations overlap and provide a rationale for a combined approach.

- C Indicate the likely impact of the proposed program on the existing services environment, including beneficial outcomes at both the individual and the system level and potential adverse consequences of not implementing the proposed program.
- C Provide the evidence base for the program proposed including relevant literature citations and appropriateness for the target population (attach references as Appendix 2).
- C Discuss how the proposed initiative links with or is supported by the State's Olmstead planning efforts.
- C Discuss how issues related to racial/ethnic minorities will be addressed.

Section B: Implementation Plan (30 Points)

Applicants should demonstrate the adequacy of their implementation plans by providing the following:

- C Describe the overall program and provide a logic model or flow chart for program activities (attach as Appendix 3).
- C Discuss how the program will address the overall goals of the *Build Mentally Healthy Communities* program listed under Program

- Objective.
- C Describe the mental health service intervention(s) that will be implemented and provide a rationale for appropriateness to the target population and documentation of the evidence base.
 - < eligibility criteria.
 - < screening and assessment.
 - < outreach.
 - C Provide a timeline for implementation.
 - C Describe how the target population will be identified including:
 - < eligibility criteria.
 - < screening and assessment.
 - < outreach.
 - C Describe plans for ensuring cultural appropriateness of the program, including the participation of consumers in the planning and implementation activities of the program.
 - C Describe how stakeholders will be included in designing the implementation.
 - C Describe in detail the target local service expansion activities, such as:
 - < outreach and engagement.
 - < screening and assessment.
 - < case management.
 - < links to supported housing.
 - < integrated co-occurring disorders treatment.
 - < diversion programs from the criminal justice system to community-based services.
 - < support services for community re-entry.
 - < linkage/integration with primary healthcare.
 - C Describe service linking activities, such as:
 - < vocational training and supported employment.
 - < links to education.
 - < links to legal services.
 - C Describe service linking activities, such as:
 - < strategic planning.
 - < identification of planning and service partnerships and development of coalitions.
 - < identification of a dedicated staff member, or “boundary spanner,” to coordinate linkage across agencies.
 - < cross-training of staff.
 - < if appropriate, co-location of services including how a “no wrong door” policy will be effected.
 - < creating novel funding mechanisms, such as new payment streams, pooled or joint funding, flexible funding, and special waivers.
 - < development of inter-agency agreements and memoranda of understanding.
 - < development of interagency management systems and client tracking.
 - < development of uniform applications, eligibility criteria, and intake assessments.
 - < development of interagency service delivery teams.
 - C Describe community outreach activities, such as:
 - < plans to increase community awareness of the needs for the program and the availability of new services.
 - < plans to ensure that services are accessible to the target population.
 - < public education programs to gain

- community acceptance of the program.
- < strategies for engaging stakeholders and developing coalitions.
- < social marketing campaigns as appropriate.
- < strategies for outreach and engagement of the target population.

- C Provide a plan for continuing the program activities after cessation of grant funding of the program.

Special Instructions :

- C Projects addressing expansion of local services to **homeless adults and families** must address issues such as:
 - < strategies for placement in housing.
 - < location of services.
 - < strategies for outreach and engagement.
 - < case management.
- C Projects addressing expansion of local services to **persons with co-occurring disorders** must address strategies for integrating services.
- C Projects addressing expansion of local services to **adults in the criminal justice system and/or jail diversion programs** must specify the structure for linking the criminal justice system to community programs.
- C For projects targeting expansion of local services to **youth in the juvenile justice system**, the evidence-based intervention(s) selected **should be strength-based** (i.e., designed to build upon the youth’s assets)

and should show promising results in **at least three** of the following dimensions:

- < reducing recidivism
- < reducing out-of-home placement
- < reducing substance abuse.
- < prevention of younger siblings. entering the juvenile justice system.
- < enhancement of problem-solving skills.
- < enhancement of critical thinking skills.
- < improvement in impulse control.
- < improvement of communication skills.
- < enhanced family functioning.
- < increased social skills.
- < promotion of individual competency development.
- < improvement to academic performance.
- < reductions in school failure, drop-out, suspension, or expulsion.

Section C: Evaluation Plan, Data Collection, and Analysis (15 points)

In this section, applicants should provide a plan for conducting a process evaluation of the implementation of their proposed programs and measuring client and systems level outcomes using data such as services use and GPRA core client outcome measures (see Appendix V), including the following:

- C Summarize the plan for evaluating the proposed program.
- C Provide specific evaluation questions to be examined and hypotheses to be tested if appropriate.
- C Discuss how service data and CMHS GPRA core client outcome measures (see Appendix

V) will be used to measure program outcomes.
Examples of service data include:

- < services provided.
- < clients served.
- < who provided services.
- < where services were provided.
- < recidivism rates.

C Describe the data collection plan, including:

- < sources of data.
- < data management and quality control.
- < training of records reviewers, as appropriate.

C Describe the analytic methods to be used.

C Indicate whether and how qualitative methods will be used.

C Describe plans for monitoring and ensuring the fidelity of the implementation of the intervention.

C Discuss how consumers and/or representatives of the target population will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.

C Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served.

Section D: Dissemination Plan (15 points)

Applicants should discuss their plans to

disseminate the findings of their process and outcome evaluations of their proposed programs, including:

C Describe plans to provide feedback to community stakeholders and constituencies on the process and outcomes of the implementation of the program in a manner targeted to each constituency.

C Describe plans for preparing interim and final reports, conference presentations, publications, and other means of disseminating the program findings.

C Describe plans for collaborating with other sites with similar target populations or issues.

C Describe how consumers will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.

Section E: Project Management and Staffing Plan (20 Points)

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans by providing the following:

C Describe the qualifications and experience of the key personnel, including:

- < project director.
- < service providers.
- < a dedicated coordinator or “boundary spanner.”
- < evaluator.
- < analytic and data management staff.
- < trainers.

- < interviewers.
 - < other key personnel.
- C Document the capability and experience of the applicant organization with similar projects and populations.
 - C Provide evidence of the capability, experience, and commitment of proposed consultants and subcontractors, including letters of commitment (attach as Appendix 4).
 - C Discuss how professional staff and target population and/or family representatives will be recruited and trained as well as what strategies have been developed for retaining staff in programs. Describe in-service training for staff and consumer development.
 - C Assign responsibility for specific tasks described in the implementation and evaluation plans to identified staff.
 - C Demonstrate the feasibility of accomplishing the project in terms of:
 - < management plan.
 - < time frames.
 - < complementariness of skills in project staff.
 - < adequacy and availability of resources (e.g., staffing, and collaborating agencies, facilities, equipment).
 - C Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project.
- C Demonstrate that the staff is reflective of or sensitive to the diversity of the target population; sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served, including issues such as:
 - < proficiency of staff at all levels of the organization in the languages and cultures of the target population.
 - < provision of cultural competence training specific to the target community.
 - < availability of interpreters and translators trained in mental health and/or substance abuse prevention/treatment issues and terminology.

Group IIB: Reductions in Racial/Ethnic Disparities Awards

America's population is growing and changing dramatically, and these changes challenge the capabilities of mental health systems. Although current research indicates that the *prevalence* of mental illness does not appear to vary substantially by race/ethnicity, differential access to and utilization of services play an important role in the racial/ethnic disparities found in mental health care. Barriers to access to conventional treatment settings, stigma, cultural beliefs, and other factors can lead ethnic minority group members to choose not to engage with the behavioral health care delivery system, drop out of treatment following initial contact when made, or come to the attention of the health system only after their mental illness reaches a crisis stage.

New approaches are needed in service delivery to address the impact of disparities in mental health care for racial/ethnic minorities. This becomes a more critical issue as public and private mental health services continue to move toward managed care, which, if not properly channeled, may lead to even greater disparities in access, utilization patterns, and outcomes.

For this target population, this initiative is designed to expand local service capacity through a variety of evidence-based strategies targeted at improving access by (1) **expanding service capacity** that is culturally competent, i.e., services familiar with the language, cultural values and multiple needs of racial/ethnic minorities; (2) foster **linkages** between mental health organizations and providers, school

systems, community-based organizations, advocacy groups and other stakeholders whose goal is the reduction of mental health disparities among racial/ethnic minorities; and (3) incorporate **outreach**, education and engagement of community consumers and stakeholders.

Where to Get Help

For questions on Group IIB program issues, contact:

Teresa Chapa, Ph.D., M.P.A.
Division of Program Development, Special Populations, and Projects
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17C-05
Rockville, MD 20857
(301) 443-4016
E-Mail: tchapa@samhsa.gov

Project Narrative— Sections A Through E Highlighted

Your application for Group IIB awards consists of responding to sections A through I. **Sections A through E, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

T Sections A through E may not be longer than **30** pages.

- T A peer review committee will assign a point value to your application based on how well you address these sections.
- T The number of points after each main heading shows the maximum points a review committee may assign to that category.
- T Reviewers will also be looking for plans to address cultural competence.

Section A: Rationale for the Project (20 points)

In this section, applicants should document the need for a TCE grant and justify their decision to reduce mental health disparities in racial/ethnic minorities by providing adequate information on the following:

- Describe the target population(s) in terms of:
 - < sociodemographic characteristics including racial/ethnic minority composition.
 - < any specific language needed.
 - < population size and geographic distribution.
 - < number to be served by the program. estimated unmet need.
- C Demonstrate the need for the proposed program, including:
 - < documentation of emerging and urgent needs.
 - < service system gaps.
- C Describe barriers to access and utilization of mental health services to serving the

target population.

- C Describe how the proposed program will address reductions of disparities in mental health services among racial/ethnic minorities.
- C Indicate the likely impact of the proposed program on the existing services environment, including beneficial outcomes at both the individual and the system level and potential adverse consequences of not implementing the proposed program.
- C Provide the evidence base for the program proposed including relevant literature citations and appropriateness for the target population

Section B: Implementation Plan (30 Points)

Applicants should demonstrate the viability of their proposed program and the adequacy of their implementation plans by providing the following:

- C Describe the overall program and provide a logic model or flow chart for program activities.
- C Discuss how the program will address the overall goals of the *Build Mentally Healthy Communities* program listed under Program Objectives specific to reducing mental health disparities among racial/ethnic minorities.
- C Describe the intervention(s) that will be implemented and provide a rationale for appropriateness to the target population and documentation of the evidence base (attach as Appendix 2).
- C Provide a timeline for implementation.

- C Describe how the racial/ethnic minority will be identified including:
 - < eligibility criteria.
 - < screening and assessment.
 - < outreach.
 - < procedures for obtaining informed consent where applicable.

- C Describe plans for ensuring the cultural competence of the program, including the participation of consumers in the planning and implementation activities of the program including:
 - < bicultural staff.
 - < bilingual capabilities.
 - < adequate translation services.

- C Describe the approach of the project in addressing the diversity of the service community that is indicated in the demographics.

- C Describe how stakeholders will be included in designing the implementation.

- C Describe in detail the target local service expansion activities, such as:
 - < range of activities.
 - < outreach and engagement.
 - < screening and assessment.
 - < case management.
 - < culturally competent services.
 - < linkage/integration with primary healthcare.
 - < vocational training and supported employment.
 - < links to education.
 - < links to legal services.

- C Describe service linking activities, such as:
 - < strategic planning.
 - < identification of planning and service partnerships and development of coalitions.
 - < if appropriate, co-location of services including how a “no wrong door” policy will be effected.
 - < creating novel funding mechanisms, such as new payment streams, pooled or joint funding, flexible funding, and special waivers.
 - < development of inter-agency agreements and memoranda of understanding.
 - < development of interagency management systems and client tracking.
 - < development of interagency service delivery teams.

- C Describe community outreach activities, including:
 - < plans to increase community awareness of the needs for the program and the availability of new services.
 - < plans to ensure that services are accessible to racial/ethnic minorities.
 - < public education programs to gain community acceptance of the program.
 - < strategies for engaging stakeholders and developing coalitions.
 - < social marketing campaigns as appropriate.
 - < strategies for outreach and engagement of the target population.

- C Address:
 - < strategies for reducing mental health disparities.

- < strategies for ensuring culturally competent services delivery.
 - < plans for fostering collaborations between the mental health system and community-based organizations and other stakeholders.
- C Provide a plan for continuing the program activities after cessation of grant funding of the program.

Section C: Evaluation Plan, Data Collection, and Analysis (15 points)

In this section, applicants should provide a plan for conducting a process evaluation of the implementation of their proposed programs and measuring client and systems level outcomes using data such as services use and GPRA core client outcome measures (see Appendix V), including the following::

- C Summarize the plan for evaluating the proposed program.
- C Provide specific evaluation questions to be examined and hypotheses to be tested if appropriate.
- C Discuss how service data and CMHS GPRA core client outcomes will be used to measure program outcomes. Examples of service data can including:
- < services provided.
 - < clients served.
 - < who provided services.
 - < where services were provided.
 - < recidivism rates.
- C Describe the data collection plan, including:

- < sources of data.
- < data management and quality control.
- < training of records reviewers, as appropriate.

- C Describe the analytic methods to be used.
- C Indicate whether and how qualitative methods will be used.
- C Describe plans for monitoring and ensuring the fidelity of the implementation of the intervention.
- C Discuss how consumers and/or representatives of the target population will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.
- C Provide evidence that the proposed evaluation plan is sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served.

Section D: Dissemination Plan (15 points)

Applicants should discuss their plans to disseminate the findings of their process and outcome evaluations of their proposed programs, including:

- C Describe plans to provide feedback to community stakeholders and constituencies on the implementation of the program in a manner targeted to each constituency.
- C Describe plans for preparing interim and final

reports, conference presentations, publications, and other means of disseminating the program findings.

- C Describe plans for collaborating with other sites with similar target populations or issues.
- C Describe how consumers and family members will participate and contribute to the data collection efforts and interpretation and dissemination of the findings.

Section E: Project Management and Staffing Plan (20 Points)

Applicants must demonstrate their ability to carry out the proposed program activities in terms of staffing and management plans by providing the following:

- C Describe the qualifications and experience of the key personnel, including:
 - < project director.
 - < service providers.
 - < evaluator.
 - < analytic and data management staff.
 - < interviewers.
 - < representative of the target population or family member.
 - < other key personnel.
- C Document the capability and experience of the applicant organization with similar projects and populations.
- C Provide evidence of the capability, experience, and commitment of proposed consultants and subcontractors, including letters of commitment (attach as Appendix

4).

- C Discuss how professional staff and target population and/or family representatives will be recruited and trained as well as what strategies have been developed for retaining staff in programs. Describe in-service training for staff and consumer development.
- C Assign responsibility for specific tasks described in the evaluation plan to identified staff.
- C Demonstrate the feasibility of accomplishing the project in terms of:
 - < management plan.
 - < time frames.
 - < complementariness of skills in project staff.
 - < adequacy and availability of resources (e.g., staffing, and collaborating agencies, facilities, equipment).
- C Describe the extent to which the staffing and management plans, project organization, and other resources are appropriate to carrying out all aspects of the proposed project.
- C Describe the development of partnerships and coalitions.
- C Demonstrate that the staff is knowledgeable of the diversity of the target population and culturally and linguistically competent; sensitive to age, gender, sexual orientation, race/ethnicity and other cultural factors related to the target population and, as appropriate, to the community to be served, including issues such as:
 - < proficiency of staff at all levels of the

- organization in the languages and cultures of the target population.
- < provision of cultural competence training specific to the target community.
 - < availability of interpreters and translators trained in mental health and/or substance abuse prevention/treatment issues and terminology.

Instructions for All Applicants

The following instructions apply to all applications.

Application Kit

Application kits have two parts. This document is Part I. Part I is different for each GFA. Part II has general policies and procedures that apply to **all** SAMHSA grants and cooperative agreements. You will need to use both Parts I and II for your application. Part II is enclosed. In addition, the application kit contains the forms you will need to complete the application (PHS 5161 and SF 424).

To obtain additional application kits, including Parts I and II, you may:

Call the Knowledge Exchange Network (KEN), phone number: 800-789-2647. The address for KEN is provided in Part II.

Application kits may also be downloaded from the SAMHSA site at www.SAMHSA.gov. Go to the “grants” link.

Where to Send the Application

Send the **signed original and 2 copies** of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health

Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to **20817** if you use express mail or courier service.

Please note:

- Ⓒ Use application form PHS 5161-1
- Ⓒ Be sure to type:

“SP 01- Build Mentally Healthy Communities” in Item Number 10 on the face page of the application form. In addition, indicate whether the application is for **Group I, Group IIA, or Group IIB** awards in Item Number 10.

Application Date

Your application must be received by *May 21, 2001*. Applications received after this date will be accepted only if they have a proof-of-mailing date from the carrier no later than **May 14**, one week before the deadline date.

Private metered postmarks are **not** acceptable as proof of timely mailing. Late applications will be returned without review.

Where to Get Help

For questions on grants management issues, contact:

Gwendolyn Simpson

Grants Management Specialist
Division of Grants Management, OPS
Substance Abuse and Mental Health
Services Administration
5600 Fishers Lane, Room 13-103
Rockville, MD 20857
(301) 443-4456
E-Mail: gsimpson@samhsa.gov

Cooperative Agreements

The *Build Mentally Healthy Communities* initiative will be implemented as cooperative agreements and as such will require substantial participation on the part of the Federal staff. Government Project Officers and sites are expected to work closely together to ensure the success of this new cooperative agreement program.

Role of Federal Staff

- C Provide the Federal interpretation on the provisions of the GFA.
- C Monitor the overall progress of the program sites.
- C Provide training and technical assistance to program sites regarding the implementation of the project plans using the existing Technical Assistance Centers.
- C Provide consultation in collaboration with the Technical Assistance Centers as appropriate on the design and implementation of the evaluation plans.
- C Provide guidelines for submission of annual and final financial and other required reports.

- C Provide consultation on the development of tools and other products accruing from the projects.
- C Conduct periodic site visits to each project to monitor the implementation of the program plans and evaluation activities.
- C Convene annual national meetings of the Program Directors and Evaluators for sites.
- C Collaborate with the sites in interpreting the results of the evaluations and the publications of program findings, other program products, and other dissemination activities.

Role of the Program Site

- C Comply with all aspects of the Terms and Conditions of the cooperative agreement.
- C Consult with the Government Project Officer on significant modifications or adaptations of the project plan.
- C Attend an annual three day national meeting of sites to be held in Washington, D.C. (travel expenses for the Program Director and Evaluator to attend the meeting must be included in the budget).
- C Take advantage of the technical assistance that will be provided by CMHS staff and the Technical Assistance Centers in post-award activities.
- C Facilitate the participation of consumers and/or representatives of the target population in the planning and implementation of the project.

- C Disseminate the findings of the program through publications, presentations at conferences, collaboration with other sites, and other efforts to make the findings available to the field.

Funding Criteria

Decisions to fund a cooperative agreement under this announcement will be based upon:

- C The overall technical merit of the application as determined by the Peer Review Committee, and concurrence of the CMHS Advisory Council.
- C Geographical distribution of study sites.
- C Diversity and balance of projects.
- C Racial/ethnic composition of target populations.
- C Availability of funds.

Post-Award Requirements

Build Mentally Healthy Communities awardees will be required to:

- C Comply with the GFA requirements and the Terms and Conditions of Awards.
- C Provide financial status reports as required in the PHS Grants Policy Statement.
- C Submit an annual report summarizing:

- < project progress.
- < changes in key personnel.
- < problems incurred and how they were addressed.
- < alterations in approaches utilized.
- < actual expenditures for the year.
- < proposed plans for the next budget period.
- < a proposed budget and budget justification for the next budget year.

- C Submit a final report at end of project summarizing:

- < project findings.
- < lessons learned.
- < manuals, protocols, or other tools developed as implementation guides.
- < implications for services.
- < results of the evaluation.

- C Attend annual national meetings of sites with participation of at least the Program Director and Evaluator from each site.

- C Comply with the Government Performance Results Act (GPRA) reporting requirements for core client outcome measures (see Appendix 4).

Confidentiality and SAMHSA Participant Protection (SPP)

You must address seven areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / reveal if the protection of participants is adequate or if more protection is needed.
- / be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- C Report any possible risks for people in your project,
- C State how you plan to protect them from those risks, and
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.

- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.

Ù Fair Selection of Participants:

- C Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- C Explain the reasons for including or excluding participants.
- C Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion:

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- C If you plan to pay participants, state how participants will be awarded money or gifts, and the anticipated amount or value of such

payments.

- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Ü Data Collection:

- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- C Provide in Appendix No. 3, "Site-specific Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- C Describe how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- C Describe:
 - S How you will use data collection instruments.
 - S Where data will be stored.

- S Who will or will not have access to information.
- S How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, awardees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- C State:
 - S If their participation is voluntary.
 - S Their right to leave the project at any time without problems.
 - S Risks from the project.
 - S Plans to protect clients from these risks.
- C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be

documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

- C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.